Agency Report of:

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Cere	monia	I Role	Events	and 1	Γicket/P	ass [Distrib	utions

1. Agency Name			Date Sta	amp	California 802
County of Los Angeles					Form OUZ
Division, Department, or Region (if applicable)					For Official Use Only
Board of Supervisors, Fifth District					
Designated Agency Contact (Name, Title)					
Sandra Cruz, Ticket Administrator			Amendme	nt (Must Prov	vide Explanation in Part 3.)
Area Code/Phone Number E-mail				,	
(213) 974-5555 scruz@bos.lacount	y.gov		Date of Origin	nal Filing:	(month, day, year)
2. Function or Event Information					
Does the agency have a ticket policy? Yes [⊠ No□ Fa	ice Value of E	Each Ticket/P	ass \$ 45.0	00
Event Description: Dodger Tickets			, 06 _/ 19		, ,
Provide Title/ Explan	nation				
Ticket(s)/Pass(es) provided by agency? Yes [□ No⊠ If i	no: Los Ang	peles Dodgers		
Was ticket distribution made at the habitat	الا. الصالة.	yes:	Name of Source		
Was ticket distribution made at the behest Yes [of agency official?	U No⊠ II	, 55	Official's Name ((Last, First)	
3. Recipients					
• Use Section A to identify the agency's department or unit.	Use Section B to id	entify an individu	ual. • Use Section	n C to identify	an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose	made pursua	ant to the agency's policy
	·				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify c	one of the follo	owing:
Staff	2	If checki	onial Role ing "Ceremonial Role" licy Sec 5.3(k		Income
			onial Role ing "Ceremonial Role"	Other "or "Other" describ	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose	made pursua	ant to the agency's policy
I. Verification I have read and understand FPPC Regulations 18944.	1 and 18942. I I	have verified th	nat the distribu	tion set forth	n above, is in accordance
with the requirements.					
NAME OF THE PROPERTY OF THE PR	dra Cruz int Name		Ticket Admin	istrator	06/21/19 (month, day, year)
0					
Comment:					

	Agency Name				Date S	Stamp	California OOO
	County of Los Angeles						Form 802
	Division, Department, or Region (if	applicable)					For Official Use Only
	Board of Supervisors, Fifth Distric	:t					
	Designated Agency Contact (Name,	Title)					
	Sandra Cruz, Ticket Administrato				Amendm	ent (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number E-ma	iil					
	(213) 974-5555 scru	z@bos.lacount	y.gov		Date of Origi	inal Filing:	(month, day, year)
	Function or Event Information	on				45	00
	Does the agency have a ticket po	licy? Yes	⊠ No 🗆 Fa	ace Value of	Each Ticket/	Pass \$ 45.	.00
	Event Description: Dodger Ticket	s	Da	ate(s)05	, 07 <u>,</u> 19	9	1 1
		Provide Title/ Explan	nation				
	Ticket(s)/Pass(es) provided by ag	ency? Yes [□ No⊠ If	no: <u>Los Ang</u>	Name of Sou		
	Was ticket distribution made at th	e behest Yes F	J No 🗵 If	yes:			
	of agency official?	.00 [Official's Name	e (Last, First)	
	Desinients						
•	Recipients • Use Section A to identify the agency's dep	partment or unit.	Use Section B to id	entify an individ	ual. • Use Section	on C to identif	fy an outside organization.
			Number	22 TO 18 TO 18			
	A. Name of Agency, Department	or Unit	of Ticket(s)/ Passes	Describe th	e public purpos	e made purs	uant to the agency's policy
	B. Name of Individual		Number of Ticket(s)/		Identify	one of the fo	llowina:
	(Last, First)		Passes		identity		
	Internal Services Department				nonial Role king "Ceremonial Role	Other 🗵	Income [
			2	Ticket Po	olicy Sec 5.3	(k)	mbe below.
						ο	
					nonial Role Landing "Ceremonial Roll	Other L	Income [
	C. Name of Outside Organiza		Number of Ticket(s)/	Describe th	e public purpos	se made purs	uant to the agency's policy
	(include address and descr	iption)	Passes				
	Verification			,			
	I have read and understand FPPC Re	egulations 18944.	.1 and 18942. I	have verified t	that the distrib	ution set for	th above, is in accordanc
			.1 and 18942. I	have verified t	that the distrib		th above, is in accordanc 06/21/19

_								
1.	Agency Name					Date S	tamp	California 802
	County of Los Angeles							Form OUZ
	Division, Department, or Reg	ion (if applicable)						For Official Use Only
	Board of Supervisors, Fifth							
	Designated Agency Contact							
	Sandra Cruz, Ticket Admini	strator				Amendm	ent (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					,	
	(213) 974-5555	scruz@bos.lac	ounty	.gov		Date of Origi	nal Filing: _	(month, day, year)
2.	Function or Event Infor	mation						
	Does the agency have a tic	ket policy?	Yes ⊠	No □	Face Value of I	Each Ticket/l	ass \$ 45.	.00
	Event Description: Dodger				Date(s)05			05 , 09 , 19
	Event Description:	Provide Title/	Explana	tion	Date(s)		-	00 00 10
	Ticket(s)/Pass(es) provided	by agency?	res □	No ⊠	If no: Los Ang	geles Dodger	s	
					16	Name of Soul	ce	
	Was ticket distribution made	e at the behest `	∕es 🗌	No 🗵	If yes:	Official's Name	(Last, First)	
	of agency official?							
3.	Recipients							
	• Use Section A to identify the ager	ncy's department or ur	it. • U	se Section B t	o identify an individ	ual. • Use Section	n C to identi	fy an outside organization.
	A. Name of Agency, Dep	artment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpos	e made purs	uant to the agency's policy
				1 40000				
	, 							
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify	one of the fo	llowing:	
	Staff			2	If check	nonial Role ding "Ceremonial Role licy Sec 5.3(Income income
						nonial Role king "Ceremonial Role	Other " or "Other" desc	Income Income
	C. Name of Outside C			Number of Ticket(s)/ Passes	Describe the	e public purpos	e made pursi	uant to the agency's policy
 4.	Verification							
	I have read and understand FF with the requirements.	PPC Regulations 1	8944.1	and 18942	2. I have verified t	hat the distrib	ıtion set for	rth above, is in accordance
	1. 1. //		Sand	ra Cruz		Ticket Admir	nistrator	06/21/19
,	Signature of Agency Head or Design	ee		t Name		Title	noualui	(month, day, year)
	Comment:							

١.	Agency Name				Date Stamp	California 802
	County of Los Angeles					roilli O O —
	Division, Department, or Region	on (if applicable)			1	For Official Use Only
	Board of Supervisors, Fifth D	District				
	Designated Agency Contact (/	Name, Title)			1	
	Sandra Cruz, Ticket Adminis	trator			Amendment (Mus	st Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	1		Amendment (Was	st Flovide Explanation III Falt 3.)
	(213) 974-5555	scruz@bos.lacou	nty.gov		Date of Original Filin	g:(month, day, year)
2.	Function or Event Inform	nation				45.00
	Does the agency have a tick	et policy? Yes	s⊠ No□ Fa	ace Value of	Each Ticket/Pass \$	45.00
	Event Description: Dodger T	ickets				<u>05 , 11 , 19</u>
	Event Description.	Provide Title/ Exp	lanation			
	Ticket(s)/Pass(es) provided I	by agency? Yes	s□ No⊠ If	no: Los Ang	geles Dodgers	
			16.		Name of Source	
	Was ticket distribution made	at the behest Yes	s□ No⊠ "	yes:	Official's Name (Last, Fir	rst)
	of agency official?					
3.	Recipients					
٠.	• Use Section A to identify the agence	cy's department or unit.	• Use Section B to id	entify an indivi	dual. • Use Section C to id	lentify an outside organization.
	A. Name of Agency, Depa		Number of Ticket(s)/			pursuant to the agency's policy
			Passes			
			Nember			
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of th	ne following:
	Staff				nonial Role 🔲 Other	
	Otan		2		cking "Ceremonial Role" or "Other olicy Sec 5.3(k)	" describe below:
					,	
					nonial Role 🔲 Other	
				If chec	cking "Ceremonial Role" or "Other	" describe below:
	C. Name of Outside Or		Number of Ticket(s)/	Describe th	ne public purpose made i	pursuant to the agency's policy
	(include address and	description)	Passes			
4.	Verification					
	I have read and understand FP	PC Regulations 189	44.1 and 18942. I	have verified	that the distribution se	et forth above, is in accordance
	with the requirements.					
	Sandra (In	Sa	andra Cruz		Ticket Administrate	
	Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)
	Comment:					
	Comment.					

1. Agency Name				Date Star	mp	California 802
County of Los Angeles						TOIM -
Division, Department, or Reg	ion (if applicable)					For Official Use Only
Board of Supervisors, Fifth I						
Designated Agency Contact	Name,Title)					
Sandra Cruz, Ticket Admini	strator			Amendmen	t (Must Prov	ide Explanation in Part 3.)
Area Code/Phone Number	E-mail			_		
(213) 974-5555	scruz@bos.lacoun	ty.gov		Date of Origina	l Filing:	(month, day, year)
2. Function or Event Infor	mation					
Does the agency have a ticl	ket policy? Yes l	⊠ No □ Fa	ace Value of	Each Ticket/Pa	ss \$ 45.0	00
				, 12 _/ 19		05 , 14 , 19
Event Description: Dodger	Provide Title/ Expla	mation	ate(s)	<u>, </u>	_	00 11 10
Ticket(s)/Pass(es) provided			no: Los Ang	geles Dodgers		
		15.		Name of Source		
Was ticket distribution made	e at the behest Yes	□ No⊠ ^{IT}	yes:	Official's Name (L	ast, First)	
of agency official?		×				
3. Recipients						
• Use Section A to identify the ager	cy's department or unit.	Use Section B to id	entify an individ	ual. • Use Section	C to identify	an outside organization.
A. Name of Agency, Department		Number of Ticket(s)/ Passes				ant to the agency's policy
		Number				
B. Name of Ind (Last, Fir		of Ticket(s)/ Passes		Identify on	e of the follo	owing:
Staff		2	If checi	nonial Role king "Ceremonial Role" o blicy Sec 5.3(k)	Other 🔀 or "Other" descri	Income
				nonial Role	Other or "Other" descri	Income
C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose i	made pursu	ant to the agency's policy
4. Verification I have read and understand FF	DDC Regulations 1994	1.1 and 18042	have verified	that the distribut	ion set fort	h above is in accordance
with the reguirements.	regulations 18944	t. i aliu 10942. l	nave vermeu	เกละ เกษ นางเกมนะ	ion del ion	,, abovo, io ili accordance
Signature of Agency Head or Design		ndra Cruz		Ticket Admini	strator	06/21/19 (month, day, year)
Signature of Agency fread of Design	,					,
Comment:						

1.	Agency Name		Date Stamp California					
	County of Los Angeles					Form OUZ		
	Division, Department, or Regi	ion (if applicable)				For Official Use Only		
	Board of Supervisors, Fifth I							
	Designated Agency Contact (
	Sandra Cruz, Ticket Adminis				Amendment (Must P	rovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail						
	(213) 974-5555	scruz@bos.lacoun	ty.gov		Date of Original Filing: .	(month, day, year)		
2.	Function or Event Inforr	mation						
	Does the agency have a tick	et policy? Yes	⊠ No □ Fa	ace Value of I	Each Ticket/Pass \$ 45	0.00		
	Event Description: Dodger T	rickets	n	ate(s) 05 /	, 15 , 19	05 , 27 , 19		
		Provide Title/ Expla	anation					
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No⊠ If	no: Los Ang	geles Dodgers Name of Source			
	Was ticket distribution made	at the behest Vac	□ No 15	yes:	100			
	of agency official?	at the beliest yes	, , ,	Official's Name (Last, First)				
3.								
	• Use Section A to identify the agend	cy's department or unit.	dentify an individ	ual. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy		
			Number					
		B. Name of Individual (Last, First)			Identify one of the following:			
	Staff			Ceremonial Role Other 🗵				
			2		ing "Ceremonial Role" or "Other" des licy Sec 5.3(k)			
					onial Role Other on "Other" des			
				п спескі	J OF OTHER des			
			Number					
	C. Name of Outside Or (include address and	rganization description)	of Ticket(s)/ Passes	Describe the	public purpose made pure	suant to the agency's policy		
			1 43505					
_								
١.	Verification							
	I have read and understand FPI	PC Regulations 18944	¹ .1 and 18942. I	have verified th	hat the distribution set fo	orth above, is in accordance		
	with the requirements.							
	Sprana (le	Sar	ndra Cruz		Ticket Administrator	06/21/19		
	Signature of Agency Head or Design	pe P	rint Name		Title	(month, day, year)		
	Comment:							

1.	Agency Name					Date St	amp	California	802
	County of Los Angeles							Form	
	Division, Department, or Reg	ion (if applicable)						For Official	Use Only
	Board of Supervisors, Fifth I	District							
	Designated Agency Contact	Name, Title)							
	Sandra Cruz, Ticket Admini	strator				☐ Amendm	ent (Must Pro	l vide Explanation i	n Part 3.)
	Area Code/Phone Number	E-mail					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
	(213) 974-5555	scruz@bos.la	acounty.	gov		Date of Origin	nal Filing:	(month, day, ye	ar)
2.	Function or Event Infor	mation							
	Does the agency have a ticl	ket policy?	Yes ⊠	No □ F	ace Value of	Each Ticket/F	ass \$ 45.0	00	
	Event Description: Dodger				ate(s)05			05 , 29	, 19
	Event Description:	Provide Titl	e/ Explanat	ion					
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No⊠ If	no: Los Ang	geles Dodger Name of Sour	S		
	Man tiplest distribution made	at the beheat	v	v red lf	yes:				
	Was ticket distribution made of agency official?	at the benest	Yes⊔	No⊠"	yee	Official's Name	(Last, First)		
	or agency officials								
3.									
	• Use Section A to identify the ager	cy's department or	unit. • Us	se Section B to i	lentify an individ	lual. • Use Section	n C to identif	y an outside orga	nization.
	A. Name of Agency, Depart	artment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpos	e made pursu	ant to the agen	cy's policy
	B. Name of Individual (Last, First)			Number of Ticket(s)/ Passes		Identify	one of the fol	lowing:	
	Staff			2	If checi	onial Role Other Xing "Ceremonial Role" or "Other" des licy Sec 5.3(k)			
					900000000000000000000000000000000000000	nonial Role king "Ceremonial Role	Other Other descri	ribe below:	Income
	C. Name of Outside C	rganization I description)		Number of Ticket(s)/ Passes	Describe th	e public purpos	e made pursı	uant to the ager	cy's policy
4.	Verification								
	I have read and understand FF with the requirements.	PPC Regulations	18944.1	and 18942. I	have verified	that the distrib	ution set for	th above, is in	accordance
	Sanday Ili-		Sand	ra Cruz		Ticket Admi	nistrator	06	3/21/19
	Signature of Agency Head or Design	nee		t Name		Title	The state of the s	(moi	th, day, year)
	Commont								
	Comment:								

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$\boldsymbol{\neg}$	Г	uv	иc	 UC	uı	IIC	111

1.	Agency Name				Date Stamp		California 202		
	County of Los Angeles						Form OUZ		
	Division, Department, or Regi	ion (if applicable)					For Official Use Only		
	Board of Supervisors, Fifth I	District							
	Designated Agency Contact (Name, Title)							
	Sandra Cruz, Ticket Adminis	strator			Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail			Timenal line (image 7 rovide Explanation III r all 6.)				
	(213) 974-5555	scruz@bos.laco	unty.gov		Date of Original F	iling:	(month, day, year)		
2.	Function or Event Inform	mation							
	Does the agency have a tick	ket policy? Υ∈	s⊠ No□ F	ace Value of I	Each Ticket/Pass	\$ 45.0	00		
	Event Description: Dodger 1	Tickets		Date(s)					
	Ticket(s)/Pass(es) provided	Provide Title/Exby agency? Ye		f no: Los Ang	eles Dodgers				
	Was ticket distribution made	at the behest ve	f yes:	1 1 1					
	of agency official?	at the policot Te	Official's Name (Last,	First)					
3.	Recipients								
	Use Section A to identify the agen-	cy's department or unit	identify an individ	ual. • Use Section C to	identify	an outside organization.			
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the	e public purpose mad	le pursu	ant to the agency's policy			
		Number							
	B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of	f the follo	owing:		
	Staff		2	Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ticket Policy Sec 5.3(k)			Income		
					onial Role Otl ing "Ceremonial Role" or "Ot	her her" describ	Income Income		
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	e public purpose mad	le pursua	ant to the agency's policy			
1 .	Verification			•					
	I have read and understand FPI with the requirements.	PC Regulations 189	44.1 and 18942. I	l have verified th	hat the distribution	set fortl	h above, is in accordance		
	Sandra Cu	s	andra Cruz	Ticket Administrator 06/21					
	Signature of Agency Head or Design	e	Print Name		Title		(month, day, year)		
	Comment:								

1. Agency Name			Date Stamp	California 802			
County of Los Angeles				TOIM O			
Division, Department, or Region (if applicable)				For Official Use Only			
Board of Supervisors, Fifth District							
Designated Agency Contact (Name, Title)							
Sandra Cruz, Ticket Administrator			Amendment (Must Provide Explanation in Part 3.)				
Area Code/Phone Number E-mail				,			
(213) 974-5555 scruz@bos.lacounty	.gov		Date of Original Filing	: (month, day, year)			
2. Function or Event Information							
Does the agency have a ticket policy? Yes	No□ Fa	ace Value of	Each Ticket/Pass \$ 🕹	15.00			
			<u>, 31 , 19</u>	1			
Event Description: Dodger Tickets Provide Title/ Explan.	ation						
] No⊠ If	no: Los Ang	geles Dodgers				
			Name of Source				
Was ticket distribution made at the behest Yes] No⊠ If	yes:	Official's Name (Last, First)			
of agency official?							
3. Recipients							
• Use Section A to identify the agency's department or unit. • U	Jse Section B to id	lentify an individ	lual. • Use Section C to ide	ntify an outside organization.			
A. Name of Agency, Department or Unit	Number of Ticket(s)/			ursuant to the agency's policy			
	Passes						
				· · · · · · · · · · · · · · · · · · ·			
	Number						
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the	following:			
LASD Security Operations			nonial Role Other				
	2		king "Ceremonial Role" or "Other" o blicy Sec 5.3(k)	describe below:			
			nonial Role Other				
,		If chec	king "Ceremonial Role" or "Other" o	де <i>вспре реіо</i> м:			
	N						
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe th	ne public purpose made pu	ursuant to the agency's policy			
(include address and description)	Passes						
4. Verification	4	hava verifici	that the distribution and	forth above is in accordance			
I have read and understand FPPC Regulations 18944. with the requirements.	1 and 18942. I	nave verified	that the distribution set	TOTUT ADOVE, IS IT ACCORDANCE			
	dua (Cur. :-		Ticket Administrator	06/21/19			
Sur man sur	dra Cruz int Name		Title	(month, day, year)			
Organization of Agents Freday of Pasigness							
Comment:							

1.	Agency Name					Date Stamp	California 202	
	County of Los Angeles						Form OUZ	
	Division, Department, or Reg	ion (if applicable)					For Official Use Only	
	Board of Supervisors, Fifth	District			-			
	Designated Agency Contact	(Name, Title)						
	Sandra Cruz, Ticket Admini	strator			ŀ	Amendment (Must Pro	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail						
	(213) 974-5555	scruz@bos.laco	ounty.gov			Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy?	es⊠ No [Face Valu	ie of E	Each Ticket/Pass \$ 45.	.00	
	Event Description: Dodger					01 / 19	06 , 02 , 19	
	Event Description:	Provide Title/ E	xplanation	_ Date(s) _		 	00 02 10	
	Ticket(s)/Pass(es) provided	by agency? Y	es □ No 🛭] If no: Los	s Ang	eles Dodgers		
						Name of Source		
	Was ticket distribution made	e at the behest Y	es □ No⊠	If yes:	-	Official's Name (Last, First)		
	of agency official?							
3.	Recipients							
٠.	• Use Section A to identify the ager	ncy's department or uni	t. • Use Section	B to identify an i	individı	ual. • Use Section C to identif	fy an outside organization.	
	A. Name of Agency, Depa		Numb of Ticke	er		public purpose made purs		
			Passe	s				
	B. Name of Ind (Last, Fir		Numb of Ticke Passe	t(s)/		Identify one of the fo	llowing:	
	Staff					onial Role 🔲 Other 🗵	Income	
	Otan		2	Tick		ing "Ceremonial Rol <mark>e" or "Other" desc</mark> li cy Sec 5.3(k)	ribe below:	
						,		
						onial Role Other	Income	
					lf checki	ing "Ceremonial Role" or "Other" desc	ribe below:	
	Name of Outside O		Numb of Ticke		ribe the	public purpose made purs	uant to the agency's policy	
	(include address and	description)	Passe	S				
4.	Verification							
	I have read and understand FF	PPC Regulations 18	944.1 and 18	942. I have ver	rified th	hat the distribution set for	th above, is in accordance	
	with the requirements.		_				2010	
	Sprara Co		Sandra Cruz			Ticket Administrator	06/21/19 	
	Signature of Agency Head or Design	iee	Print Name			ilue	(month, day, year)	
	Comment:							

Agency Report of:

9	,						
Cere	emonial	Role	Events	and '	Ticket/Pass	Distribu	tions

1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)	-			For Official Use Only
Board of Supervisors, Fifth District				
Designated Agency Contact (Name, Title)				
Sandra Cruz, Ticket Administrator			Amendment (Muse	t Provide Explanation in Part 3.)
Area Code/Phone Number E-mail				
(213) 974-5555 scruz@bos.lacount	y.gov		Date of Original Filing	g:(month, day, year)
2. Function or Event Information				45.00
Does the agency have a ticket policy? Yes [2]	⊠ No □ Fa	ace Value of B	Each Ticket/Pass \$ £	45.00
Event Description: Dodger Tickets			, 13 _/ 19	06 , 14 , 19
Provide Title/ Explan	nation			
Ticket(s)/Pass(es) provided by agency? Yes [□ No⊠ If	no: Los Ang	geles Dodgers	
Most inket distribution made at the habitant	J 16.	Vec.	Name of Source	
Was ticket distribution made at the behest Yes	J No⊠ If	у с э	Official's Name (Last, Firs	nt)
of agency official?				
3. Recipients				
• Use Section A to identify the agency's department or unit.	Use Section B to id	lentify an individ	ual. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made p	oursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the	e following:
(Last, First)	Passes			
Staff	2	If check	onial Role Other ing "Ceremonial Role" or "Other" of licy Sec 5.3(k)	
			onial Role Other	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made p	oursuant to the agency's policy
I. Verification				
I have read and understand FPPC Regulations 18944. with the requirements.	1 and 18942. I	have verified ti	hat the distribution set	forth above, is in accordance
	dra Cruz		Ticket Administrator	r 06/21/19
XIAM MARI DO -	int Name		Title Title	(month, day, year)
Comment:				

. Agency Name			Date Sta	amp	California A	02
County of Los Angeles					Form O	UL
Division, Department, or Region (if applicable)					For Official Use C	Only
Board of Supervisors, Fifth District						
Designated Agency Contact (Name, Title)						
Sandra Cruz, Ticket Administrator			☐ Amendme	nt (Must Provi	ide Explanation in Part	3.)
Area Code/Phone Number E-mail						
(213) 974-5555 scruz@bos.lacoun	ty.gov		Date of Origin	al Filing:	(month, day, year)	
2. Function or Event Information					_	
Does the agency have a ticket policy? Yes	⊠ No □ Fa	ce Value of	Each Ticket/P	ass \$ 45.0	0	
Event Description: Dodger Tickets					06 , 17 , 1	19
Provide Title/ Expla	nation					
Ticket(s)/Pass(es) provided by agency? Yes	□ No⊠ Ifn	o: Los Ang	geles Dodgers Name of Source	<u> </u>		
Was ticket distribution made at the behest Yes	⊐ Na⊠ If∨	es:				
of agency official?			Official's Name (Last, First)		
or agency emergin						
3. Recipients						
• Use Section A to identify the agency's department or unit.		entify an individ	lual. • Use Section	n C to identify	an outside organizati	ion.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose	made pursua	ant to the agency's p	oolicy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify o	one of the follo	owing:	
	Passes	Ceren	nonial Role	Other 🗵	Ir	ncome 🔲
Staff	2	If checi	king "Ceremonial Role" Dlicy Sec 5.3(k	or "Other" descrit ()	be below:	
			nonial Role L. king "Ceremonial Role"	Other " or "Other" describ		ncome 📙
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose	made pursua	ant to the agency's p	oolicy
4. Verification						
I have read and understand FPPC Regulations 1894	1.1 and 18942. I I	have verified	that the distribu	ıtion set fortı	h above, is in acco	ordance
with the requirements.						
San le Co San	ndra Cruz		Ticket Admir	nistrator	06/21/	
Signature of Agency Head or Designee	rint Name		Title		(month, da	y, year)
Comment:						
Comment:						

1.	Agency Name			Date Stamp	California QQ2
	County of Los Angeles				Form OUZ
	Division, Department, or Region (if applicable)			1	For Official Use Only
	Board of Supervisors, Fifth District				
	Designated Agency Contact (Name, Title)			1	
	Sandra Cruz, Ticket Administrator			Amendment (Mus	at Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail			Amendment (Mas	triovide Explanation III r art 5.)
	(213) 974-5555 scruz@bos.laco	unty.gov		Date of Original Filing	g:(month, day, year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	es⊠ No□ I	Face Value of	Each Ticket/Pass \$.	45.00
	Event Description: Dodger Tickets		Date(s)06		,
	Provide Title/ Ex	cplanation	Date(s)		
	Ticket(s)/Pass(es) provided by agency? Ye	es □ No ⊠ I	lf no: Los Ang		
			ı	Name of Source	
	Was ticket distribution made at the behest γ ₆	es 🗌 No 🗵 🏻 l	r yes:	Official's Name (Last, Firs	st)
	of agency official?				
3.	Recipients				
	• Use Section A to identify the agency's department or unit	. • Use Section B to	identify an individ	ual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe th	e public purpose made p	oursuant to the agency's policy
		Passes			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	e following:
		1 03503	Cerem	nonial Role Other	X Income □
	LASD Security Operations	2	If check	king "Ceremonial Role" or "Other" licy Sec 5.3(k)	
			Cerem	nonial Role Other	Income
			1	ing "Ceremonial Role" or "Other"	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made p	ursuant to the agency's policy
_					
4.	Verification I have read and understand FPPC Regulations 189 with the requirements.	944.1 and 18942.	I have verified t	hat the distribution set	forth above, is in accordance
		andua C		Tiplest Advairiety-t-	
	Signature of Agency Head or Designee	Print Name		Ticket Administrato	r 06/21/19 (month, day, year)
	Comment:				
	:: "				

1. Agency Name				Date St	amp	California	202
County of Los Angeles						Form	002
Division, Department, or Region	(if applicable)			1		For Official I	Jse Only
Board of Supervisors, Fifth Dis	strict						
Designated Agency Contact (Na	me, Title)						
Sandra Cruz, Ticket Administra	ator			☐ Amendme	nt (Must Pro	vide Explanation in	Part 3.)
Area Code/Phone Number E	-mail			Amendin	ine (mast rot	nde Explandaen III	, un o.,
(213) 974-5555 s	cruz@bos.lacounty	y.gov		Date of Origin	nal Filing:	(month, day, yea	r)
2. Function or Event Informa	ation				45	20	
Does the agency have a ticket	policy? Yes	No□ Fa	ace Value of	Each Ticket/F	ass \$ 45.0	J0	
Event Description: Dodger Tic	kets			<u>, 18 , 19</u>		06 , 19 ,	19
Event Description.	Provide Title/ Explan	ation					
Ticket(s)/Pass(es) provided by	agency? Yes [] No⊠ If	no: <u>Los Ang</u>	geles Dodgers	5		
Mary Color Color of the Mary and a second		If	yes:				
Was ticket distribution made a of agency official?	t the benest Yes L	」No⊠ "	y co	Official's Name	(Last, First)		
or agency official?							
3. Recipients							
 Use Section A to identify the agency 	s department or unit. • 1	Use Section B to ic	lentify an individ	lual. • Use Sectio	n C to identify	y an outside orga	nization.
A. Name of Agency, Departr	nent or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpos	e made pursu	ant to the agend	cy's policy
		1 43553					
B. Name of Individ	lual	Number of Ticket(s)/ Passes		Identify o	one of the foll	lowing:	
Staff		2	If check	nonial Role king "Ceremonial Role blicy Sec 5.3(l	Other 🔀 " or "Other" descr k)	ibe below:	Income
				nonial Role king "Ceremonial Role	Other " or "Other" descr	ibe below:	Income
C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Passes	Describe th	ne public purpos	e made pursu	ant to the agend	cy's policy
4. Verification							
I have read and understand FPP0 with the requirements.	C Regulations 18944.	.1 and 18942. I	have verified	that the distrib	ution set for	th above, is in	accordance
with the requisitions.	_	d Om:		Tipkot Admi	nietrotor	06	/21/19
Signature of Agency Head or Designer	_	dra Cruz int Name		Ticket Admir			th, day, year)
Digitation of Agency Fload of Boolgan		10 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18					
Comment:							

Agency Report of:

	.900)			
(Ceremonial	Role Events	and Ticket/Pass	Distributions

<u>-</u>	Agency Name					Date S	tamp	California OOO
••	County of Los Angeles							Form OUZ
	Division, Department, or Reg	ion (if applicable)						For Official Use Only
	Board of Supervisors, Fifth							
	Designated Agency Contact							
	Sandra Cruz, Ticket Admini							
	Area Code/Phone Number	E-mail				∐ Amenam	ent (Must Pro	vide Explanation in Part 3.)
	(213) 974-5555	scruz@bos.la	county	aov		Date of Origi	nal Filing: _	(month, day, year)
			Journey	.gov				(month, day, year)
2.	Function or Event Infor	mation					15	00
	Does the agency have a tic	ket policy?	Yes 🛚	No 🗆	Face Value of	Each Ticket/F	ass \$ 45.	
	Event Description: Dodger	Tickets			Date(s)06	<u>, 20 , 19</u>)	06 , 21 , 19
	Event Becomption:	Provide Title	/Explana	tion				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No 🗵	If no: Los Ang	Name of Sou		
	Man tiplest distribution made	a at the behast	v	NI IZI	If yes:			
	Was ticket distribution made of agency official?	e at the benest	Yes∟	No 🗵	yes	Official's Name	(Last, First)	
	or agency officials							
3.	Recipients							
	• Use Section A to identify the ager	ncy's department or u	nit. • U	se Section B to	identify an individ	lual. • Use Section	n C to identif	y an outside organization.
	A. Name of Agency, Dep	artment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpos	e made pursi	uant to the agency's policy
			_					
	B. Name of Ind			Number of Ticket(s)/		Identify	one of the fo	llowing:
	(Last, Fi	rst)		Passes			Other 🔀	Income
	Staff			2	If check	nonial Role king "Ceremonial Role blicy Sec 5.3(or "Other" desc	
						nonial Role king "Ceremonial Role	Other " or "Other" desc	Income Income
	C. Name of Outside C			Number of Ticket(s)/ Passes	Describe th	e public purpos	e made purs	uant to the agency's policy
4.	Verification I have read and understand FI with the requirements.	PPC Regulations	18944.1	1 and 18942	. I have verified	that the distrib	ution set for	th above, is in accordance
	San Level		Sand	ra Cruz		Ticket Admi	nistrator	06/21/19
	Signature of Agency Head or Designature	nee		nt Name		Title		(month, day, year)
	Comment:							

1. Agency Name				Date Stamp	California 802
County of Los Angeles					Form OUZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Board of Supervisors, Fifth	District				
Designated Agency Contact	Name, Title)				
Sandra Cruz, Ticket Admini	strator			Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
(213) 974-5555	scruz@bos.lacoun	ty.gov		Date of Original Filing	(month, day, year)
2. Function or Event Infor	mation				
Does the agency have a ticl	ket policy? Yes [⊠ No□ F	ace Value of I	Each Ticket/Pass \$ 4	15.00
Event Description: Dodger	Γickets			, 22 <u>,</u> 19	06 , 22 , 19
Event Description.	Provide Title/ Expla	nation			
Ticket(s)/Pass(es) provided	by agency? Yes [□ No 🛛 If	no: Los Ang	geles Dodgers Name of Source	
Mos tisket distribution made	at the beheat No.	¬ If	yes:		
Was ticket distribution made of agency official?	e at the benest Yes I	」 No⊠ "	y cs	Official's Name (Last, First,	
or agency emolar:					
3. Recipients					
• Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	dentify an individ	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
		Passes			
B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:
LASD Security Operatio	ns		Cerem	onial Role Other	Income
LASD Security Operation	115	2		ing "Ceremonial Role" or "Other" d licy Sec 5.3(k)	escribe below:
			HOROCTO	mey eco o.o(k)	
, h				onial Role Other	
			If check	ing "Ceremonial Role" or "Other" d	escribe below:
C. Name of Outside O (include address and		Number of Ticket(s)/	Describe the	e public purpose made pu	rsuant to the agency's policy
(iliciade address alic	description)	Passes			
4 \ 1 '6' '1'					
4. Verification	IDO Damilalia 40044	4 and 400.40	l bava venifie d t	bat the distribution t	forth above in in accordance
I have read and understand FF with the requirements.	PC Regulations 18944	. i and 18942. i	riave verified t	nai the distribution set i	iorur above, is in accordance
1. 1. 1.	Com	dro Cruz		Ticket Administrator	06/21/19
Signature of Agency Head or Design		dra Cruz	· ·	Title	(month, day, year)
2000					
Comment:					

	eremonial Role Events and Ticket/F	ass Distili	Julions	5.1.0	A Public Docum
	Agency Name			Date Star	California Form 80
	County of Los Angeles Division, Department, or Region (if applicable)		7		For Official Use Only
	Board of Supervisors, Fifth District Designated Agency Contact (Name, Title)				
	Sandra Cruz, Ticket Administrator			☐ Amendmen	nt (Must Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail			Data of Origina	al Filing.
	(213) 974-5555 scruz@bos.lacoun	ty.gov		Date of Origina	(month, day, year)
2.	Function or Event Information				45.00
	Does the agency have a ticket policy? Yes	⊠ No□ Fa	ace Value of	Each Ticket/Pa	ass \$ 45.00
	Event Description: Dodger Tickets	D	ate(s) 06	<u>, 23 , 19</u>	1 1
	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided by agency? Yes	□ No⊠ If	no: Los An	geles Dodgers	
	NATION OF THE PROPERTY OF THE	If	voc:	Name of Source	•
	Was ticket distribution made at the behest γes	□ No⊠ "	yes:	Official's Name (L	ast, First)
	of agency official?				
3.	Recipients				
	• Use Section A to identify the agency's department or unit.	Use Section B to ic	lentify an indivi	lual. • Use Section	C to identify an outside organization
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose i	made pursuant to the agency's poli
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify on	ne of the following:
		of Ticket(s)/	If chec	nonial Role	Other M Incor
	(Last, First)	of Ticket(s)/ Passes	Ticket Po	nonial Role	Other M Incor
	(Last, First)	of Ticket(s)/ Passes	If chec	nonial Role hing "Ceremonial Role" of Dilicy Sec 5.3(k) nonial Role hing "Ceremonial Role" of this wing "Ceremonial Role"	Other 🗵 Incorporation Incorpo
	Staff Name of Outside Organization	of Ticket(s)/ Passes 2 Number of Ticket(s)/	If chec	nonial Role hing "Ceremonial Role" of Dilicy Sec 5.3(k) nonial Role hing "Ceremonial Role" of this wing "Ceremonial Role"	Other Incorporation Incorporation
4.	Staff Name of Outside Organization	of Ticket(s)/ Passes 2 Number of Ticket(s)/	If chec	nonial Role hing "Ceremonial Role" of Dilicy Sec 5.3(k) nonial Role hing "Ceremonial Role" of this wing "Ceremonial Role"	Other Incorporation Incorporation
	Staff Staff C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	Ticket Po	nonial Role	Other Incorporation Incorporation